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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Newburg sun
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Richard Ormsby

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amy Viola Ormsby

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec 13 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>21</u>	hr. min.

9. Birthplace Springcreek MO
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER

12. Name Thomas K Ormsby

13. Birthplace Texas County MO
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Ruth Caroline Switzer

15. Birthplace Calloway Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Wade

(b) Address

17. (a) Burial (Burial, cremation, or removal)

(b) Date, thereof 9 6 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Newburg mo

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg mo

19. (a) 9-7-1942 (Date received local registrar)

(b) J. Ellis Hall (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town Newburg
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1942 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec. 15,
1941, to Sept 4, 1942

that I last saw him alive on Sept 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy and myocardial insufficiency

Due to Extreme Hypertension 20 yrs.

Due to Arteriosclerosis 20 yrs.

Other conditions General debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations 977

Of autopsy

Duration 4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(a) Means of injury

23. Signature Richard E. Myers (M.D. or other)

Address Newburg, Mo. Date signed Sept 5, 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

~~working under my personal supervision.~~

Signed

Lee Johnson

Licensed Embalmer No.

3392

P. O. Address

Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.